Chef Registration Form

Student's Name	
Parent/Family/Guardian Name	
Address	
Phone Numbers: Home	Cell Work
Date of birth Age	Last school grade completed
Home Church (if any)	
Special Needs/Allergies/Medical Information/C	Other:
Emergency Contacts	
Name	Phone
Name	Phone
Name(s) of person(s) who may pick up this chi	ild from VBS
materials. I understand the images may be use	/VBS has my permission to use my child's photograph publicly in VBS ed in print publications, online publications, presentations, websites, and fee or other compensation shall become payable to me by reason of
Activity Release : My child,bounce house. Oakdale Presbyterian Church w	, has permission to participate in all activities, including water games and vill not be liable in the event of personal injury or accident.
Parent/Guardian's signature:	
Date	
	(for church use only)
• Assigned to Chef Group:	